PATENT APPLICATION FEE DETERMINATION RECORD Application or Doctor Number								
Effective December 29, 1999 09 (45,683								
civ	. SHALL		_ CR	CTHER				
FOR	NUMBER FILED	NUMBER E		RATE	FEE		RATE	FEE
BASIC FEE	-		· · · · · · · · · · · · · · · · · · ·	· Par	345.00	OF.		00.00
TOTAL CLAMS	16 minus 20 /6 b			X8 9-		Œ	X\$18_	2980
MOSPENDENT CLASMS /8 minus 3 = 15						OR	X78 <b>=</b>	1700
MILITIPLE DEPENDENT CLAIM PRESENT						OR	+260=	
" If the difference in column 1 is less than zero, enter "I" in column 2						8	TOTAL	9848
CLAIM	S AS AMENDED	- PART E		TOTAL		,	OTHER	
	turno 1)	(Column 2) ·	(Column 3)	SHALL		OR	SMALL	MILLA
< 9/4 / RB	AMENG FTER NDMENT	MURABER PREVIOUSLY PAID POR	PRESENT EXTRA	PATE	TIONAL TIONAL		RATE	ADOI- TIONAL FEE
	Blo man	- 186	• /	X\$ 9=		OR	X\$18-	1
3	of Mires	18	• 7	X39=-	•	OR	342	
- ARST PRESENTATI	ON OF MULTIPLE DE	ENDETCLAM		+130=		OR	QU	
•				IDIAL.		OR	19/4	
ICa	kuma 1)	(Column 2)	(Cotume 3)	ADORT. FEE	بستسما		ACCITY FEE	
a lazal	CANS MARINO FTEN MONENT	HUMBER HUMBER PREVIOUSLY PAID FOR	PRESENT . EXTINA	PATE	ACOH TIONAL FEE		RATE	ADDI- TIONAL FEE
Total . /	86	-186	- /	X3 9=		OR	XXX	7
Independent •	8 Mass	18	• /	X30-		OR.	940	
FIRST PRESENTATI	ON OF MULTIPLE DE	PENDETT CLAM		+130=			30	<b>*</b> /-
		•		1012		OR OR	YOUAL	<del>//-</del>
	<u> </u>	Chairma 20	(Column 3)	ADDIT, PEE	L	<b>,</b>	ADD/IL PEE	4
O Alaska RE	tumn 1) CORE ANNUA FIER	(Column 2) INCHEST INCHESE PREVIOUSLY	PRESENT EXTRA	RATE	ADOI- TIONAL		RATE	ADDI- TIONAL
[Y	THEMORE	PHID FOR			FEE			FEE
Total	10 Mars	- 180	-	X5.9-		OR	X\$18_	.0.
FIRST PRESENTATION	ON OF MULTIPLE DE	SIDENT CLAIM	البكا	704-	•	OR	X78-	9
						OR	+260=	Ò
* If the entry in column 1 is foce than the entry in column 2, wide "V" in column 3.  "If the "righest Mumber Predictly Publisher" IN THAT SPACE to been then 20, enter "20."						OR	NODEL PER	0
"If the Trightest Munition Providencity Paul For" (in THES SPACE is less than 2 and 1"2" The Taghast Humber Providencity Paul For" (local or independent) is the highest remains found in the appropriate best in column 1.								
Foliational Color, U.S. GENERALIT OF COLORESTICS								
(Am. 1966)		•	•				UA 670 EM	

PATENT APPLICATION FEE DETERMINATION RECORD  Application or Docket Number  Office of the second of t											
Effective December 29, 1999											
CLAIMS AS FILED - PART i (Column 1) (Column 2)					ALL I	ENTITY	OR	OTHER SMALL			
FOR NUMBER FILED		NUMBER E	NUMBER EXTRA		TE ·	FEE		RATE	FEE		
BAS	SIC FEE	المناطية والمالية	reference above and the second and t				ea.o.u.	345.00	OR		690.00
						9=		OF	X\$18=	2,988 60	
INDEPENDENT CLAIMS		AIMS /	/8 minus 3 = 1 /		X	39=		OR	X78=	11700	
MULTIPLE DEPENDENT CLAIM PRESENT					+1	30=	18	OR	+260=		
• If 1	If the difference in column 1 is less than zero, enter "0" in column 2					ـــــا	TAL	V	OR	TOTAL	4848
A	, /, /	AIMS AS A				,,			10,,	OTHER	1
	TVIWII-T	ZAIMS AS A (Column 1)	MENDED		(Column 3)	SM	ALL	ENTITY	OR		ENTITY
MTA		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID EQR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	· 182	Minus	-186	4	X	9=		ÓΒ	X\$18=	1
MEN	Independent	. 18	Minus	18	0-	X	39=	. /	OR	X78=	
٧	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDENT CLAIM				1	1.		1/1
·					L	30=		OR		<b>V</b> // -	
						ADDIT. FEE OR ADDIT. FEE					
		(Column 1)	<del></del>	(Column 2)	(Column 3)				•		: 
ENT B	٠	CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT . EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
OME!	Total	•	Minus	**	-	X	\$ 9=		OR	X\$18=	
AMENDMENT	Independent '	•	Minus	***	-	X	39=		OR	X78=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM			÷		1		<del>ľ – –</del>
						30=		OR	-		
						TOTAL T. FEE		OR	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)									•		
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	••	=	х	\$ <u>9</u> =		OR	X\$18=	
ME	Independent		Minus	•••	=	-x	39=	T .	OR	X78=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT CLAIM		<del> </del>		<del> </del>	1		1
+130=						OR					
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE											
"	""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										